

**Application Data Sheet**  
**Application Information**

**Application number::**

**Filing Date::**

**Application Type::** Regular

**Subject Matter::** Utility

**Suggested classification::**

**Suggested Group Art Unit::**

**CD-ROM or CD-R?::** None

**Number of CD disks::**

**Number of copies of CDs::**

**Sequence submission?::** Paper

**Computer Readable Form (CRF)?::**

**Number of copies of CFR::**

**Title::** Method for Multi-Language Debugging

**Attorney Docket Number::** BEAS-1411US2

**Request for Early Publication?::** No

**Request for Non-Publication?::** No

**Suggested Drawing Figure::**

**Total Drawing Sheets::** None

**Small Entity?::** No

**Latin name::**

**Variety denomination name::**

**Petition included?::**

**Petition Type::**

**Licensed US Govt. Agency::** No

**Contract or Grant Numbers::**

**Secrecy Order in Parent Appl.?::** No

### **Applicant Information**

**Applicant Authority Type::** Full Capacity

**Primary Citizenship Country::** US

**Status::** Inventor

**Given Name::** William

**Middle Name::** A.

**Family Name::** Pugh

**Name Suffix::**

**City of Residence::** Seattle

**State or Province of Residence::** WA

**Country of Residence::** US

**Street of mailing address::** 2455 S. Ferdinand Street

**City of mailing address::** Seattle

**State or Province of mailing address::** WA

**Country of mailing address::** US

**Postal or Zip Code of mailing address::**

**Applicant Authority Type::** Full Capacity

**Primary Citizenship Country::** US

**Status::** Inventor

**Given Name::** Joshua

**Middle Name::** Moll

**Family Name::** Eckels

**Name Suffix::**

**City of Residence::** Seattle

**State or Province of Residence::** WA  
**Country of Residence::** US  
**Street of mailing address::** 915 NW 57<sup>th</sup> Street  
**City of mailing address::** Seattle  
**State or Province of mailing address::** WA  
**Country of mailing address::** US  
**Postal or Zip Code of mailing address::** 98107

### Correspondence Information

**Correspondence Customer Number::** 23910  
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**Fax Number::** (415) 362-2928  
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### Representative Information

**Representative Customer Number::** 23910

### Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e) Provisional	60/450,014	02/26/04

## Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::

## Assignee Information

**Assignee Name::** BEA Systems, Inc.  
**Street of mailing address::** 2315 North First Street  
**City of mailing address::** San Jose  
**State or Province of mailing address::** CA  
**Country of mailing address::** US  
**Postal or Zip Code of mailing address::** 95131